

[Date]

[Name

Address

City, State Zip Code - *optional if provided elsewhere in the same mailing. Optional to provide plan name here]*

Important: We Will Not Offer Your Health Insurance Plan Next Year [In Your Area], But You Have Options for New Coverage
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Dear Member:

We have decided not to offer your current health insurance plan again next year [in the area you live]. Your current coverage will end [date]. This means you will need to choose a new plan option. You should carefully review your health insurance coverage options, which are explained below.

We have selected a new [issuer name] plan for you that's similar to your current plan. **Please read the following information carefully to decide whether you want to enroll in a different plan for 2016.** If you take no action by December 15, 2015, you will be automatically enrolled in the new health insurance plan we have selected.

Your new plan will take effect January 1, 2016. The premium for this plan is \$[dollar amount] per month. You can compare this to other plan options or check if you can get a tax credit to help you pay the premium at yourhealthidaho.org.

[Please review the table below for a summary of differences between your 2015 and 2016 plans:

	2015		2016	
Plan Name/Plan ID				
Metal Level				
Annual Deductible	Individual:	Family:	Individual:	Family:
	In-network	Out-of-network	In-network	Out-of-network
Annual Maximum Out of Pocket Amount				
Doctor Office Visits				

In-patient Hospital Stays				
Prescription Drugs				

Please note this is only a summary, and you should review the [enclosed plan materials) or [plan materials we will be mailing separately] or [plan materials online at URL] for detailed information on plan changes. You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage for this plan.]

or

[Please review the enclosed plan materials for information on your 2016 plan, including the annual deductible, co-payments, coinsurance and out of pocket maximums. You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage information for this plan.]

Get help paying for your health coverage

If you enroll in a health insurance plan through Your Health Idaho, you may be able to qualify for help in paying your monthly premiums and out-of-pocket costs. Your Health Idaho will also check if you or your family members qualify for Medicaid or the Children's Health Insurance Program (CHIP). Your Health Idaho's certified agents and brokers or consumer connectors are available to help you select the health plan that fits your family's needs.

Your health insurance options for 2016

You have the option of selecting a different health plan for 2016 during the Open Enrollment period that begins November 1, 2015 and runs through January 31, 2016. The last date to enroll in a new plan with coverage effective January 1, 2016 is December 15, 2015. If you select a different plan, please inform us by December 15, 2015, otherwise you will be automatically re-enrolled in the plan we selected for you.

- Your Health Idaho Enrollment –Enroll in a health plan from [issuer name] or another insurance company through Your Health Idaho and receive help paying for your health insurance costs if you qualify. You may also enroll in coverage through Your Health Idaho using a certified insurance agent or broker.
- Enrollment outside Your Health Idaho –Enroll directly in a new health plan with [issuer name] or another insurance company, with the assistance of an insurance agent or broker, if desired. Remember that if you enroll directly and you or your

agent does not go through Your Health Idaho, you will not be able to receive federal assistance in paying for premiums or out-of-pocket costs.

Important Issues to keep in mind.

Whether you decide to keep your replacement plan or choose a different plan, call us or visit our website to make sure your doctor or other health care providers will be in the plan network next year. Also check to make sure any prescription medications you or family members take will be covered.

Questions?

- Call [issuer name and contact information and hours of operation] or visit [issuer website] if you have questions about your health insurance plan.
- Visit yourhealthidaho.org or call 1-855-944-3246 (TTY: 1-800-952-8349) for information on enrolling through Your Health Idaho, how to find help near you, or on getting help in paying your monthly premiums and out-of-pocket costs.
- Contact your health insurance agent or broker.

Getting Help in Other Languages

Spanish (Español): Para obtener asistencia en Español, llame al [issuer name and contact information and hours of operation].